



MINISTRY OF  
MANPOWER

## Authorisation Form for Foreign Domestic Worker Work Pass Transactions

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only applies to the application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below. To ensure proper authorisation, employers are to indicate NA for rows that are not filled.

\*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

### Declaration by Employer

|                    |                                                                                              |
|--------------------|----------------------------------------------------------------------------------------------|
| Employer Name      | Ng Hui Bing                                                                                  |
| NRIC No. / FIN     | S7020257C                                                                                    |
| Contact No.        | 9616-3352                                                                                    |
| Signature and Date |  8 Dec 2019 |

| S/N | Name of Foreign Domestic Worker(s) | Passport / FIN / WP No. | Authorised Transaction |
|-----|------------------------------------|-------------------------|------------------------|
| 1   | Het Hnin Wun                       | ME743694                | APPLY                  |
| 2   |                                    |                         |                        |

☒ I hereby declare that I am authorising \_\_\_\_\_ (Name and licence no. of employment agency) to perform the above work on(s) on my behalf.

*Fill in only if applicable.*

☐ I hereby authorise \_\_\_\_\_ (Full name as in NRIC/Passport), \_\_\_\_\_ (NRIC/Passport No.), to submit this authorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.



### Declaration by EA

- ☒ I have spoken to and verified with employer to confirm his / her authorisation.
- ☒ I have spoken to and verified with employer that the person submitting this form to the EA is authorised to do so on behalf of the employer.
- ☒ I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.
- ☒ I declare that the information provided on this form is true and correct.

|                      |  |
|----------------------|--|
| Name of EA personnel |  |
| Registration No.     |  |
| Signature and Date   |  |